

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 115

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Lexington</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Richmond</u> <u>0891</u>                                     |  |
| c. LENGTH OF STAY (In this place)<br><u>8 days</u>                                       |  | d. STREET ADDRESS (If rural, give location)<br><u>610 East Main St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>                         |  |   |  |

|  |                         |                        |   |
|--|-------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>LORETTA</u> | b. (Middle) <u>FERN</u> | c. (Last) <u>WEBER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>November 12, 1951</u> |
|--|-------------------------|------------------------|---|

|                      |                               |  |   |   |   |   |
|----------------------|-------------------------------|--|---|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>March 14, 1895</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>28</u> | IF UNDER 2 HRS.<br>Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|--|---|---|---|---|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Out home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Nevada, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|--|--|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>William S. Marquis</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Arzilla V. Mushaney</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Albert Weber</u> |
|---|---|--|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Albert Weber, Richmond, Mo.</u> | ADDRESS |
|---|--|---|---------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u><br><u>(?)</u><br><u>2 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage, cerebral, right side</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive arteriosclerotic Cardiovascular disease</u><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>443X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|---|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from January, 1950, to Nov. 12, 1951, that I last saw the deceased alive on 11-11, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

|  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>M. L. Masterson, MD</u> | 23b. ADDRESS<br><u>Richmond, Mo.</u> | 23c. DATE SIGNED<br><u>11-12-51</u> |
|--|--------------------------------------|-------------------------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Nov. 13, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Woodland</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Richmond, Mo.</u> |
|--|-----------------------------------|---|---|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>11-15-51</u> | REGISTRAR'S SIGNATURE<br><u>M. M. Eastabrook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Thurman Funeral Home</u> | ADDRESS<br><u>Richmond, Mo.</u> |
|---|--|---|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5542  
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RECEIVED

NOV 1 8 1957

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 1 8 1957

MAY 20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, MOBY

working under my personal supervision.

Student Embalmer No. ....

Signed Wm. L. Thurman

Signed .....  
Student Embalmer

Licensed Embalmer No. 1563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.